



**SACRAMENTO COUNTY HEALTH
AUTHORITY COMMISSION**

RFQ #1

COMMODITY/SERVICE: MEDI-CAL MANAGED CARE PLAN ASSESSMENT

CONTENTS

CONTENTS	1
DEFINITIONS	2
INTRODUCTION	3
SUBMISSION, EVALUATION, AND SELECTION PROCESS.....	3
TECHNICAL RESPONSE	6
KEY EVENTS	14
BASIS OF SELECTION	15
APPENDIX A: MINIMUM THRESHOLD REQUIREMENTS ATTESTATION FORM.	16

DEFINITIONS

Response: The written and signed complete document submitted according to the request instructions. Response does not include any verbal or documentary interaction apart from submittal of a formal Response.

Request/Request for Qualifications (RFQ)/ Bid: The completed and released document, including all subsequent addenda, made publicly available to all prospective proposers.

We/Us/Our: Terms that refer to the County of Sacramento, a duly organized public entity. They may also be used as pronouns for various subsets of the County organization, including, as the context will indicate:

- Purchasing - the Contracts and Purchasing Services Division of the Department of General Services.
- Department/Division - The department or division requesting the goods or services contained in this request, for which this Request is prepared and which will be the end user of the requested goods or services.
- Constituency - the client base or County population which may benefit from the procurement of goods and/or services requested herein.

You/Your: Terms that refer to businesses/individuals submitting a response. The term may apply differently as the context will indicate.

- Supplier - A business entity engaged in the business of providing services.
- Proposer - A business entity submitting a Response to this Request. Suppliers which may express interest in this Request, but who do not submit a Response, have no obligations with respect to the response requirements.
- Contractor - The Proposer(s) whose Response to this Request is evaluated as meeting the needs of the County.
- Contractor's Employee - All persons who can be offered to provide the services described in the Request. All employees of the Contractor shall be covered by the insurance programs normally provided to persons employed by a company (ex: Worker's Comp, SDI, etc.).

Mandatory: A required element of this request/response/bid. Failure to satisfy any element of this request/ response /bid defined as "mandatory" will disqualify the particular response.

Default: A failure to act as required by any contract resulting from this request, which may trigger the right to sue or may excuse the other party's obligation to perform under the contract.

Cancellation/Termination: A unilateral or mutual decision to not complete an exchange or perform an obligation under any contract resulting from this request.

SCHA: Sacramento County Health Authority

MCP: Managed Care Plan

INTRODUCTION

The Sacramento County Health Authority Commission (SCHA) was established to serve the public interest of Medi-Cal beneficiaries in the county, and strive to improve health care quality, to better integrate the services of Medi-Cal managed care plans and behavioral health and oral health services, to promote prevention and wellness, to ensure the provision of cost-effective health and mental health care services, and to reduce health disparities.

Per Chapter 2.136 of the Sacramento County Code, the Sacramento County Health Authority Commission shall designate to the California Department of Health Care Services (DHCS) a number of Knox-Keene licensed health plans (or managed care plans, or MCPs) for the Board of Supervisors' approval for purposes of the Medi-Cal managed care plan procurement.

This RFQ will be used to determine which MCPs the SCHA Commission will recommend to DHCS as acceptable to provide Medi-Cal managed care services to eligible Sacramento County residents.

The SCHA Commission will recommend MCPs that have passed the Commission's assessment process to the Board of Supervisors. MCPs that are successful will receive a letter of support on behalf of the County from the Board of Supervisors and may submit the letter of support to the California Department of Health Care Services when they respond to its Medi-Cal MCP RFP in January 2022 (or later, as specified by DHCS).

SUBMISSION, EVALUATION, AND SELECTION PROCESS

This section provides MCP with additional instructions on how the RFQ process will be conducted, how responses will be evaluated, and how MCP recommendations will occur.

The SCHA Commission will convene an ad-hoc committee to oversee the review and assessment process. This ad-hoc committee will be comprised of no more than nine (9) Commissioners. The Chair of the SCHA Commission will appoint ad-hoc committee members in September 2021.

The ad-hoc committee will oversee the review and assessment process, which will be conducted by a panel of expert reviewers. The selection of the expert reviewers will occur in September 2021. The ad-hoc committee will review the expert reviewers' scoring and ratify the scores, then share the aggregate scores with the full Commission. The SCHA Commission will formally select the MCPs that they will recommend to the Board of Supervisors for receipt of a letter of support.

Responsiveness

An MCP's response must be responsive, which means it conforms in all material respects to the RFQ and includes all required forms.

The ad-hoc committee and Commission staff will determine whether each response meets the stated requirements. Minor differences or deviations that have negligible impact on the suitability of the service to meet the County's needs may be accepted or corrections allowed. If no MCP meets a particular requirement, the ad-hoc committee may waive that requirement.

The ad-hoc committee will determine whether the MCP complied with the instructions for submitting a response. Except for late submissions, the ad-hoc committee may require that an MCP correct deficiencies as a condition of further evaluation.

Responsibility

A responsible MCP is one who has the capability in all respects to perform fully the requirements and who has the integrity and reliability that will assure good faith performance and is responsive to the community and willing to engage with Sacramento County and the SCHA Commission to address emerging challenges, as well as provide data on an ongoing basis as part of their MCP oversight and monitoring role. The ad-hoc committee determines whether the MCP is a "Responsible" MCP; that is, an MCP with whom the State can or should do business on recommendation by the SCHA. The SCHA may consider such factors as, but is not limited to:

certifications, conflict of interest, financial disclosures, taxpayer identification number, past performance in business or industry, references, compliance with applicable laws, financial responsibility, insurability, effective equal opportunity compliance, payment of prevailing wages if required by law, capacity to produce or sources of supply, and the ability to provide required maintenance service or other matters relating to the MCP's ability to deliver in the quality and quantity within the time as specified in this solicitation.

The ad-hoc committee may require that an MCP correct any deficiencies as a condition of further evaluation.

Response Scoring and Evaluation

At the time of RFQ submission, the ad-hoc committee will evaluate the administrative compliance of each response and make a determination as to the Responsiveness and Responsibility of the MCP per the terms outlined above. In order to be deemed in compliance and responsive to the RFQ, MCPs must attest to the Minimum Threshold Requirements using the form provided in Appendix A of this document.

Responses that are deemed Responsive and Responsible, will be further evaluated based on three (3) components: Publicly Available Data, Technical Response, and Oral Presentation. The ad-hoc committee will conduct a staged evaluation process, as outlined in this section.

The expert reviewers will consider the information provided and the quality of that information when evaluating RFQ submissions. If the expert reviewers find a failure or deficiency, they will notify the ad-hoc committee, which may reject the response or reflect the failure or deficiency in the evaluation.

The maximum points possible for each component of the response are as follows:

Publicly Available Data	TBD
Technical Response	TBD
Oral Presentation (TBD)	TBD
Total Points	TBD

The maximum amount of points and breakdown between each component will be finalized in late September 2021 as part of the scoring methodology and will be released as an addendum to this RFQ.

Response Requirements

Response Requirements will be evaluated by the expert reviewers for completeness, accuracy, veracity, and quality of the information provided.

The ad-hoc committee reserves the right to assign a "Fail" rating based on events the Commission deems material to the MCP's ability to execute on service provisions in the County. Those disqualifying event will be finalized in late September 2021 as part of the scoring methodology and will be released as an addendum to this RFQ.

MCPs will also need to attest to a set of Minimum Threshold Requirements outlined in Appendix A. If an MCP does not sign this attestation and agree to the requirements outlined in the document, the ad-hoc committee may deem the MCP non-responsive and decide that the MCP's submission will not be scored. The SCHA Commission reserves the right to update these specific requirements as an addendum to the RFQ which would be released at the same time as the scoring methodology.

Publicly Available Data and Technical Response

A maximum number of points will be allocated to the Publicly Available Data and each section of the Technical Response. The final scoring methodology for the Publicly Available Data and Technical Response will be finalized and released by the SCHA Commission in late September 2021 as an addendum to this RFQ.

Oral Presentation

The ad-hoc committee will conduct an interview with each of MCP for clarification and further detail on the information submitted as part of the Response Requirements or Technical Response. The ad-hoc committee will notify the MCPs by November 1, 2021 and the interview will take place no later than December 3, 2021.

MCP attendees will be limited to four representatives. Both ad-hoc committee and expert reviewers will be in attendance. The Oral Presentation will be an hour in length and be closed to the public. The Oral Presentation will be used for MCPs to provide clarifying information or additional details to written answers in the Technical Response. The ad-hoc committee also reserves the right to ask MCPs questions on findings related to:

- Consumer and Provider survey data, presented at a September 2021 Commission meeting with an opportunity for MCPs to respond as part of a reactor panel, and
- Publicly available data, presented at an October 2021 Commission meeting with an opportunity for MCPs to respond as part of a reactor panel.

Recommendation of ad-hoc committee and letter of support

The ad-hoc committee will confer with and ratify the expert reviewer scores between November 15, 2021 and December 3, 2021. The ad-hoc committee intends to recommend no fewer than two (2) and no more than five (5) MCPs for selection by the full SCHA Commission. Successful MCPs for the integrated program will be those that meet all mandatory eligibility criteria and receive the highest cumulative total points.

The ad-hoc committee will present its ratified aggregate scores to the SCHA Commission at the December 2021 meeting and the Commission will ratify the selected MCPs to be recommended

to the County Board of Supervisors. MCPs will be notified at the meeting. The MCP selections will be sent to the Sacramento County Board of Supervisors to approve and send out letters of support to the designated MCPs.

TECHNICAL RESPONSE

The proposal should include a cover page indicating the name of your organization. Please answer all the questions in this section using the categories and numbering scheme identified below. The answer to each numbered section (e.g., 1.0, 2.0, 3.0, etc.) should be no more than the identified page limit specified at the beginning of the section. Any content beyond the indicated page limit will not be reviewed. Please use 12-point Arial font, single-spaced, one-inch margins for your response.

Please answer all questions specifically for Sacramento County, if your plan is currently operating in the County. If your MCP does not have experience providing services in Sacramento County, please provide data on populations that are similar in size and characteristics to Sacramento County and indicate the area. For questions requesting data, please provide data for each of the past three years in Sacramento County. If a data summary table is given, please use the format for submitting your data.

Unless otherwise indicated, each data submission should identify the definition of metric numerator and denominators (who/what is included, and who/what is excluded). All data tables must be labeled with a table name and a summary of no greater than 30 words that summarizes the information, caveats and rationales and conclusions. The reviewers will not be responsible for reviewing information provided that does not follow the requested format.

1.0. Quality (This section may not exceed one page of narrative text, plus the list using the template below.)

This category is specifically looking for compliance related to National Committee for Quality Assurance (NCQA) quality measures. Currently, Medi-Cal MCPs report on 36 different measures.

The following questions are focused on health plan performance, but all of these categories are areas where to be effective, the delegated entity and providers would need to jointly participate.

- 1.1. Please provide your approach to quality improvement activities conducted or planned for in Sacramento County. Provide past performance evidence of your MCP's ability to meet such measures and provide a list of the measures where you have met or exceeded the State's minimum performance levels (MPL) for Sacramento County.

Year	Measure met or exceeded MPL	Measure value
------	-----------------------------	---------------

2.0. Access to Care (This section may not exceed eight (8) pages.)

California law requires Department of Managed Health Care licensed health plans to make primary care providers and hospitals available within specific geographic and time standards. Health plans must ensure their network of providers, including doctors, can provide enrollees with an appointment within a specific number of days or hours. Since 2016, the Medicaid Managed Care Final Rule requires states to develop time and distance standards for all to Medi-Cal Managed Care Plans, County Mental Health Plans (MHPs),

Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties, and Dental Managed Care Plans. The majority of network adequacy standards are set forth in Title 42 of the Code of Federal Regulations. The DHCS submits an annual Managed Care Health Plans Annual Network Certification Assurance of Compliance Report to the Centers for Medicare and Medicaid Services which confirms that the Medi-Cal MCPs contracted with DHCS are compliant, or have been deemed compliant, with the network certification requirements of Title 42.

The below questions are intended to help the SCHC Commission better understand how the Medi-Cal access standards are applied to Sacramento County.

- 2.1. How do you ensure that your plan has comprehensive provider networks to ensure appropriate, culturally competent and timely care for its members in Sacramento County?
Areas to address include:
 - Processes the MCP has in place to monitor your members' access to appropriate, culturally competent and timely care on an ongoing basis and to identify opportunities for improvement.
 - Access to behavioral health (Mental Health and Substance Use Disorder services) for those with mild, moderate and severe needs, as well as prevention and early intervention services, in addition to other health care services.
 - Please identify current or future strategies to be implemented where you will collaborate and integrate with mental and behavioral health services and the timeframes of those implementations.
 - How will your MCP approach improving access to these services within your network?
- 2.2. How do you ensure continuity of care (COC) from emergency departments and how discharge/follow-up care plans, including notification of primary care provider and connection to specialists, are developed in a timely manner in Sacramento County? Please share proposed COC criteria for care coordination at the primary care, specialty and IPA level and indicate how the plan is supporting the process. Please provide examples of how this practice is included in your care team's workflows. Please describe how, if at all, you will utilize or incentivize the use of care navigators in emergency departments or outpatient clinics.
- 2.3. What processes does your MCP have in place to facilitate connections to primary care/SUD/MH and oral health care, schedule follow up appointments and transportation to appointments?
- 2.4. For people experiencing homelessness, transportation is a critical health plan benefit and many enrollees struggle to access this benefit, including being stranded due to transportation errors. How will your plan ensure that enrollees, particularly those experiencing homelessness, have access to transportation services that is reliable? What type of emergency/troubleshooting supports will your plan make available to providers and patients to address challenges? Please indicate who those supports are available to and if they will be provided in real time.
- 2.5. How will your MCP ensure on-demand, real-time, easily accessible interpreting services for beneficiaries who speak languages other than English? How will you track the adequacy and navigability of these services?
- 2.6. Describe the process for meeting members' needs that require care from non-contracted providers.
Areas to address include:

- How is the MCP collaborating with delegated entities to help support access to services in short supply in Sacramento County?
- How is the MCP promoting health system partnerships for care that would result in a provider, health and hospital system, and MCP shared strategy for accessing hard to access services?
- How is this process communicated to providers and patients, and what support is provided to ensure it is easily accessible to them?

2.7. How does your MCP manage access to primary care and urgent care?

Areas to address include:

- How does your MCP communicate the location of the primary care provider (PCP) relative to the members last known site of residence?
- What flexibilities does your plan offer to members that may need to change their PCP to someone with greater availability or who is located nearby for service within same month? What options for accessing care in other settings do you provide (e.g., street care, mobile care options, or others)?
- How does your plan inform members of the options for primary care, urgent care, and care in other settings available in Sacramento? Please provide a map of primary care/urgent care options in Sacramento County and identify the services available at each site, if services vary by site.

2.8. If you currently operate as a Medi-Cal plan in California, please explain how you have improved timely access and meet the California Department of Managed Health Care (DMHC) requirements for beneficiaries to access urgent, primary and specialty care across the time you have been operating as a Medi-Cal plan?

If you have never operated a Medi-Cal plan in California, please provide your experience addressing timely access requirements in another area, and indicate how you will approach improving timely access to care and meet DMHC requirements should you be selected as a Medi-Cal plan in Sacramento County.

Please provide any relevant data demonstrating your MCP's ability to meet DMHC timely access requirements for urgent, primary and specialty care, as well as the availability of primary care after normal business hours and on weekends. (If you are providing data in your response, please remember to follow the data guidelines.)

3.0. Continuum of Care (This section may not exceed one (1) page.)

DHCS desires a new Medi-Cal Managed Care system where health plans collaborate with community coalitions of providers, provider organizations and local community service organizations to provide a wider array of services and supports for complex, high need patients whose health outcomes are in part driven by unmet social needs and systemic racism. It is the DHCS desire to support the changes needed to close the gap in transitions between delivery systems, create opportunities for appropriate step-down care, and mitigate social determinants of health, all hindering the ability to improve health outcomes and morbidity. DHCS is looking to expand upon the whole system, person centered approach to the entire continuum of care. SCHA is interested in understanding how MCPs will ensure this approach to the entire continuum of care and collaborate to provide the services and supports all Sacramento County Medi-Cal enrollees need.

3.1. Please explain how your MCP will ensure that members in Sacramento County receive the appropriate health and social services across the continuum of care. Please explain the

process your plan will utilize to measure if health and social services are adequate and appropriate.

4.0. Children Services (This section may not exceed four (4) pages.)

- 4.1. What are the challenges and barriers children face accessing quality health care services in Sacramento County? Please identify challenges by specific subpopulations, if any. Please also explain how you will ensure access to children's services in Sacramento County, and please specifically address preventive and early intervention services, oral health services, and those services that support social, emotional development and address adverse childhood experiences.
- 4.2. What is your MCP's approach to integration of behavioral health services and child psychiatry services for children, for acute cases as well as for mild to moderate cases? What criteria would your MCP use to measure health outcomes for children's psychiatry services?
- 4.3. How is your MCP ensuring access to services supporting parents and children including, but not limited to, pediatric behavioral health, and providing a mental health hotline for parents with children requiring intervention? Please explain how you will ensure access to maternal services (prenatal and post-partum services) as well.
- 4.4. Please describe outreach efforts by your MCP to encourage adolescents to receive routine and COVID-19 vaccines.

5.0. Behavioral Health Services (This section may not exceed two (2) pages.)

- 5.1. What are the challenges and barriers for the Sacramento County Medi-Cal population in general, as well as each specific CalAIM target population, to accessing severe and mild to moderate behavioral health services? How will your MCP address those gaps and needs? Please explain how you will expand access to evidence-based behavioral health services and focus on prevention, early identification, engagement, and treatment for youth and adults in Sacramento County.
- 5.2. Please describe how the MCP plans to collaborate with the county to ensure streamlined delivery of behavioral health services. Describe how the MCP will support the integration of behavioral health services across a broad spectrum of providers. How will the MCP ensure a clear delineation of responsibilities for care and document a specific resolution process when the MCP and County MHP assessments and determinations differ?

6.0. Coordinated/Integrated Care (This section may not exceed two (2) pages.)

The CalAIM proposal highlights that some beneficiaries may access six or more separate delivery systems (managed care, fee-for-service, mental health, substance use disorder, dental, developmental, In-Home Supportive Services, etc.) in order to address their needs. Due to an individual's fragmented care and the delivery system, there is an obvious need for greater care coordination as well as improved systems integration. SCHA is interested in understanding how MCPs will ensure coordinated, integrated care for its residents.

- 6.1. Please detail how the MCP will provide coordinated and integrated care for all members in Sacramento County, especially those with complex health care needs, as well as those

experiencing or at-risk for homelessness. How will your MCP monitor and maintain an appropriate network, especially if providers in your published network are not available?

- 6.2. Describe the process used to ensure timely hand-offs and successful receipt of services when members transition from one level of care to another in Sacramento County. Explain your existing process in Sacramento County, if applicable, and/or what the process will look like under this procurement.

7.0 Reducing Health Disparities (This section may not exceed three (3) pages.)

- 7.1. What is the process for your MCP's identification of disparities and intervention/approaches for specific health disparities in Sacramento County (e.g., uptake vaccination in different cultural groups, chronic conditions)? Please describe, from your MCP's perspective, what are the current health disparities impacting Sacramento County?

Areas to address include:

- What are your goals and commitments to addressing these disparities in Sacramento County?
 - Please provide a list of current metrics and any interventions/approaches to address disparate care and outcome findings, and describe your plan for addressing health disparities for people experiencing homelessness in Sacramento County.
 - If you currently operate in Sacramento County, please include data from your members relative to the questions in this section (e.g., racial/ethnic groups, language, gender, LGBTQ, refugees, high-need service areas) in your response. If you do not collect REAL or SOGI data, please identify the MCP's plan and timeframe for data collection.
- 7.2. How will the MCP develop and/or leverage and connect patients to community resources to address specific local public health challenges including high rates of Sudden Infant Death Syndrome (SIDS) in certain populations and teen pregnancy in Sacramento County?
- 7.3. How does the MCP intend to address necessary interventions to reduce prematurity and low birth weight in babies born to Black women in Sacramento County?

8.0 Increased Oversight of Delegated Entities (This section may not exceed three (3) pages.)

- 8.1. At the plan level, is the MCP meeting network adequacy requirements through direct contracts or through delegation? How will the MCP ensure delegated entities have adequate networks of providers? Areas to address include:
- If the MCP is meeting the network adequacy requirements through delegation, what percentage of the MCP's network is delegated DMHC risk bearing organizations?
- 8.2. How will the MCP ensure appropriate oversight of all delegated entities so that members receive quality care and services in Sacramento County? How will the MCP ensure transparency in metrics for delegates and sub-delegates? Please provide the list of metrics included in the agreement with your delegated entities. Please share your strategy for collaborating with providers and provider organizations.
- 8.3. How will the MCP improve efforts to remove providers, including non-contracted entities such as health systems, from disputes between the MCP and IPAs? If the MCP and an IPA

disagree on payment, please explain the MCP's approach to resolving it, including whether you require the provider to file a dispute to resolve the issue.

9.0. Local Presence and Engagement (This section may not exceed two (2) page, plus the list for community partners/CBOs using the template below.)

- 9.1. Does your MCP plan to maintain a physical office locally and have adequate staff to actively be involved in Sacramento County care coordination activities? Provide a list, including the type of arrangement and period of relationship for community partners and/or CBOs that you have existing relationships within Sacramento County, using the following template.

Community Partner/Community Based Organization	Describe type of arrangement: Contractual, Grantor (specify grant amount, duration, brief description), Service coordination (brief description) Referral (brief description) Other (brief description)

- 9.2. How does your MCP intend to work with existing community-based organizations, schools, and other trusted entities that are embedded within culturally diverse and specific populations in Sacramento? If you are not already operating in Sacramento, please include examples of what you are doing in other communities, in addition to how you plan to work with CBOs and others under this procurement.

10.0. Emergency Preparedness and Ensuring Essential Services (This section may not exceed four (4) pages.)

- 10.1. How will your MCP work with providers to ensure essential services are available during times of emergency and/or crisis? Please describe how you will ensure delivery of essential services in Sacramento to mitigate any potential harm caused by a natural disaster or health crisis. Does your MCP have an established emergency disaster/crisis protocol for itself as well as its delegated provider partners? If this protocol exists, please share examples of how and when it has been implemented.
- 10.2. How will you ensure capacity to provide age-appropriate and culturally appropriate behavioral health supports to those experiencing behavioral health challenges related to such an emergency? Please include any relevant information on how you had to adjust your operations during the COVID-19 pandemic that would be applicable to future emergencies.
- 10.3. Please describe how your MCP addressed, or is still addressing, vaccine hesitancy in your covered population. Which populations were specifically challenged and how did you overcome those challenges?
- 10.4. Based on your MCP's experience, are there any CalAIM Enhanced Care Management (ECM) populations of focus for which telehealth services are difficult or impossible to access? If so, how would you supplement telehealth services in order to ensure these target populations receive needed care?

11.0. Addressing the Social Determinants of Health (SDOH) (This section may not exceed two (2) pages.)

- 11.1. What do you see are the major SDOH challenges impacting Sacramento County now and over the next five years? How do you plan to address social determinants of health, including climate change, air quality, food access, transit access, housing, re-entry, and domestic violence in Sacramento County? What specific interventions and activities will your MCP fund and/or coordinate with local stakeholders on? If you are not currently operating in Sacramento County, please include information about SDOH initiatives that you are engaged in other communities and hope to bring to Sacramento County under this procurement.
- 11.2. How does your MCP identify enrollees that may be homeless or at risk of homelessness? Once identified, how do you connect the member to health care and community-based resources and services? Please provide example data from prior assessments of SDOH, including count of members experiencing or at risk of homelessness.

12.0. CalAIM (This section may not exceed four (4) pages.)

- 12.1. Please articulate the final In Lieu of Service (ILOS) selection and the specific date by which those services will be available in the county using the following template.

ILOS Category	Date expected to provide service in Sacramento County
Housing Transition Navigation Services	
Housing Deposits	
Housing Tenancy and Sustaining Services	
Short-Term Post-Hospitalization Housing	
Recuperative Care (Medical Respite)	
Respite Services	
Day Habilitation Programs	
Nursing Facility Transition/Diversion to Assisted Living Facilities	
Personal Care and Homemaker Services	
Environmental Accessibility Adaptations	
Medically Tailored Meals/Medically Supportive Food	
Sobering Centers	
Asthma Remediation	

- 12.2. What are the key changes your MCP will adopt as part of CalAIM? Please describe future changes you anticipate implementing and how that will impact service provision.
- 12.3. Please describe how your MCP will coordinate the provision of ILOS with existing programs within Sacramento County (e.g., programs managed by the County and City) that are currently providing services similar to ILOS to individuals experiencing homelessness?
- 12.4 One Enhanced Care Management (ECM) population of focus is people experiencing homeless and at risk of homelessness. Some of the challenges that managed care plans face with the unsheltered homeless population include keeping track of the enrollee's

location, poor communication with unhoused enrollees, and lack of support for following through with referrals and appointments. How would your plan propose to coordinate across plans and with the existing homeless system of care in order to address these issues, better coordinate services, and ultimately meet the ECM objectives?

13.0. Value-Based Purchasing (This section may not exceed one (1) page.)

Beginning with the July 1, 2019 rating period, the DHCS has directed MCPs to make enhanced supplemental payments to eligible provider types upon approval from CMS and receipt of funding. Value Based Payment (VBP) programs are intended to help MCPs make value-based enhanced payments to eligible network providers for specific events tied to performance on 17 core measures across the following four domains:

1. Prenatal/postpartum care
2. Early childhood preventive care
3. Chronic disease management
4. Behavioral health care

The VBP program is intended to incentivize Medi-Cal managed care network provider behaviors and improvements in individual providers' standards of practice related to the delivery of care in the four specified domains. This program also incentivizes improved data quality and completeness.

- 13.1. What types of value-based purchasing (VBP) arrangements do you plan to use with health care providers in Sacramento? Will these arrangements be population specific, and if so, for what populations? What organizations do you intend to have these VBP arrangements with?

Point of Contact: Please indicate below the main point of contact for your organization. We will be reaching out to this individual for any questions related to your submission and for scheduling of Oral Interviews.

- Name/Title:
- Phone:
- Email:

KEY EVENTS

Event/Action	Date(s)
RFQ Release Date	9/10/2021
Deadline for Plans to Submit Written Questions	9/17/2021
County Posts Answers	9/24/2021
Final RFQ Scoring Tool Approved by SCHA Commission	9/21/2021
Responses Due	10/15/2021
Conduct Oral Presentation (TBD)	11/01/2021- 12/03/2021
Evaluate Responses	12/3/2021
Announce Plan Aggregate Scores (At Commission Meeting) and SCHA Commission Selects Plans	12/16/2021
Board of Supervisors Approve Letter of Support for Selected MCPs	Early January 2022 (Exact date TBD)
Letter of Support Transmitted to Selected MCPs	Mid-January 2022 (Exact Date TBD)

SCHA in its sole discretion reserves the right to change the dates and activities contained within the Key Events.

PROPOSER'S INSTRUCTIONS

General Format: Respond to all requests for information and completion of forms contained in this Request for Qualifications. You may use additional sheets as necessary, but information that has not been requested and does not fall within the page requirement and requested data requirement will not be reviewed. A qualifying response must address all items. Please use 12-point Arial font, single-spaced, one-inch margins for your response. Brochures and advertisements will not be considered a complete reply to requests for information and will not be accepted as such. Proposer is solely responsible for accuracy and completeness of response. Responses considered incomplete may be rejected.

Alteration of Request for Qualifications Text: The original text of this request document, as well as any attachments, amendments or other official correspondence related to this proposal document, may not be manually, electronically or otherwise altered by proposer or proposer's agent(s). Any response containing altered, deleted, additional or otherwise non-original text will be disqualified.

Preparation of Response:

- A. All responses must be signed by an authorized officer or employee of the responder.
- B. Responses must be submitted prior to the specified date and time and sent to Jenine Spotnitz at spotnitzj@saccounty.net. If County is unable to open an attachment because it is damaged, corrupt, infected, etc., it may disqualify proposer's submission.
- C. Time of delivery must be stated as the number of calendar days following receipt of the order by the proposer to receipt of the goods or services by the County.
- D. Time of delivery may be a consideration in the award.

Confidential Information/Public Record: All responses become property of the County. All responses, including the accepted response(s) become public records per the requirements of the California Government Code, Sections 6250 -6270, "California Public Records Act". Proprietary material must be clearly marked as such. Pricing and service elements of the successful response are not considered proprietary information.

The County will treat all information submitted in a response as available for public inspection once the California Department of Health Services has selected contractors for Sacramento County and made its selection public. If you believe that you have a legally justifiable basis under the California Public Records Act (Government Section 6250 et. seq.) for protecting the confidentiality of any information contained within your response, you must identify any such information, together with the legal basis of your claim in your response, and present such information separately as part of your response package.

The final determination as to whether the County will assert your claim of confidentiality on your behalf shall be at the sole discretion of the County. If the County makes a determination that your information does not meet the criteria for confidentiality, you will be notified as such. Any information deemed to be non-confidential shall be considered public record.

Point of Contact: All questions about this Request for Qualifications should be directed to Jenine Spotnitz at Sacramento County at jspotnitz@saccounty.net. For scheduling Oral Presentations, MCPs may be contacted by SCHA Commission consultants at Transform Health.

BASIS OF SELECTION

The County's sole purpose in the evaluation process is to determine from among the Responses received, which responses are best suited to meet the County's needs and to recommend to the County Board of Supervisors that the County offer a letter of support to the selected MCPs. Any final analysis or weighted point score does not imply that one response is superior to another, but simply that in our judgment the response(s) we select offer(s) the best overall solution for our current and anticipated needs. The County reserves the right to make modifications to any scoring and/or weight structure prior to the evaluation of responses. The responses will remain sealed during the response evaluation period and will be made available for public inspection once California Department of Health Care Services has selected MCPs for Sacramento County and made its selection public.

APPENDIX A:
MINIMUM THRESHOLD REQUIREMENTS ATTESTATION FORM

(A) As part of the Sacramento County Health Authority (SCHA) Commission's role to provide oversight and monitoring of the Medi-Cal MCPs providing services in Sacramento County, the Commission intends to work collaboratively on an ongoing basis with the Sacramento County designated Medi-Cal MCPs to review data on the provision and quality of services provided to the County's Medi-Cal enrollees. The Commission will work collaboratively with MCPs to define reporting requirements, including the metrics and measures included in the data set, review the frequency of submissions to the Commission (initially set at no less than a quarterly basis), the expected start date for submitting these data reports, define the format for submitting the data, and other details to be determined at a future date. The Commission asks each MCP responding to this RFQ to attest to the following:

If _____ (Name of the MCP) is selected in the California DHCS MCP RFP procurement to provide Medi-Cal services in Sacramento County, _____ (Name of the MCP) agrees to work collaboratively with the SCHA Commission for the entire duration of its Medi-Cal contract with DHCS and agree to submit to the Commission, at no less than a quarterly basis (unless otherwise directed by the Commission), data reports that include, but is not limited to, the following areas:

- Health equity and quality measures, as adopted by the state for the plan and its Sacramento County subdelegates
- Quality, including but not limited to HEDIS compliance audit results, vaccination rates by age, gender, and racial groups;
- Access to care, including but not limited to proximity of provider network (e.g., average length of distance to provider/specialist providers that meet identified needs of populations by zip code); behavioral health network providers per age group by zip code; network adequacy at MCP and sub-delegate level (including mental health providers);
- Children's services, including but not limited to rate of referrals made to dentists for children during well-child exams. Work with dental plans to identify additional data points around number of visits resulting from referrals;
- Behavioral health (BH) services, including but not limited to percentage of members who received BH services, length of time from assessment to placement for BH services, age stratification of BH services, numbers of clients receiving Screening, Brief Intervention, and Referral to Treatment (SBIRT) benefit in relationship to an identified substance use disorder and total number of SBIRTs completed;
- Measures related to the coordination and integration of care, including but not limited to data around authorizations and referrals;
- Provider network updates that are shared with DMHC and any clarifications on the reports that discuss improving addressing grievances and gaps in care;
- Network delegation by provider type;
- Compiled resource utilization data sets for Sacramento County Medi-Cal enrollees across the entire continuum of care;
- Grievance by demographic and cause; percentage resolved by demographic and cause; and
- Demographics of your plan's enrollees.

(B) If _____ (Name of the MCP) is selected in the California DHCS MCP RFP procurement to provide Medi-Cal services in Sacramento County, _____ (Name of the MCP) agrees to provide at a minimum all housing related In Lieu of Services (Housing

Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Medical Respite, and Short-Term Post-Hospitalization Housing), as well as Sobering Centers.

Name of MCP

Authorized Representative

Date